

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3	1		1					
4		1		1				
5		2						
6		①						
7	1		1					
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TOTAL IND.		↓	3	↓		↓		
TOTAL DEP.		↓	3	↓		↓		
TOTAL CLAIMS			6					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS